

Extending the City: journeys of health care volunteers in and out of Bo, Sierra Leone

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Movement is a crucial characteristic of cities, be it movement into the city via migration from rural areas, or the expansion of city-settlements and infrastructures onto the fringes of the city. In a sense it is the relationship between the city as hub, hotspot or centre, and the rural or peri-urban that define cities. This paper aims to specify this dynamic by thinking through one of the linkages in-to and outwards from Bo, Sierra Leone's second biggest city; empirically I look at health care community volunteers and their journeys in and out of the city. The volunteers are part of a project in a clinic in Bo that aims to extend its malaria treatment services out into the rural areas surrounding the city. This extension happens via people and their movement: Trained by the clinic personnel and equipped with rapid diagnosis tests and treatment tablets, 160 community health volunteers regularly travel between the clinic and hard-to-reach, scattered diamond mining communities. In the paper we will accompany some of the workers on their regular journeys from the clinic to their patients and back. The paper explores this movement as an extension of the city, and argues that, as the people are on the move, something more than just health care happens. The community volunteers link rural realities with city life, and so form a mobile infrastructure, extending the hospital and its expertise outwards from urban to rural. Health care becomes possible through, and entangled with, mobile bodies, it can be analysed as an instance of "people as infrastructure" (Simone, 2004), or to be more precise, as "feet" or "bodies" as infrastructure. Often making these arduous journeys by foot is the only way to track and access the scattered populations the programme is conceived to serve. This extension of city health care is, however, a fragile achievement, not only because of the long and exhausting walks, but also because the volunteers cannot be paid adequately, nor do they have training or medication to treat diseases other than malaria. Overall, this constitutes situation that brings possibilities, but also dilemmas and dangers of such city-extensions to the fore.